

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	TK	6010	9/12/00
O.I.P.E. CLASSIFIER		21	
FORMALITY REVIEW	M.M.	71629	12-12-2000
RESPONSE FORMALITY REVIEW			

Best Available Copy

INDEX OF CLAIMS

- | | | | |
|------------------------|------------|---|--------------|
| ✓ | Rejected | N | Non-elected |
| = | Allowed | I | Interference |
| - (Through numeral)... | Canceled | A | Appeal |
| ÷ | Restricted | O | Objected |

Claim	Final	Original	Date	Claim	Final	Original	Date	Claim	Final	Original	Date
1	✓	✓	7/19/02	51				101			
2	✓	✓	7/19/03	52				102			
3	✓	✓	7/15/03	53				103			
4	✓	✓	7/12/04	54				104			
5	✓	✓	0	55				105			
6	✓	✓	0	56				106			
7	✓	✓	✓	57				107			
8	✓	✓	✓	58				108			
9	✓	✓	✓	59				109			
10	✓	✓	✓	60				110			
11			✓	61				111			
12			✓	62				112			
13			✓	63				113			
14			✓	64				114			
15	✓	✓	✓	65				115			
16	✓	✓	✓	66				116			
17	✓	✓	✓	67				117			
18	✓	✓	✓	68				118			
19	✓	✓	✓	69				119			
20	✓	✓	✓	70				120			
21			✓	71				121			
22			✓	72				122			
23			✓	73				123			
24			✓	74				124			
25			✓	75				125			
26			✓	76				126			
27			✓	77				127			
28			✓	78				128			
29			✓	79				129			
30			✓	80				130			
31			✓	81				131			
32			✓	82				132			
33			✓	83				133			
34			✓	84				134			
35			✓	85				135			
36			✓	86				136			
37			✓	87				137			
38			✓	88				138			
39			✓	89				139			
40			✓	90				140			
41			✓	91				141			
42			✓	92				142			
43			✓	93				143			
44			✓	94				144			
45			✓	95				145			
46			✓	96				146			
47			✓	97				147			
48			✓	98				148			
49			✓	99				149			
50			✓	100				150			

If more than 150 claims or 10 actions
staple additional sheet here

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